



Membership Application

Please Print

First Name: _____ Last Name: _____

Address: (home) _____ City: _____ Zip Code: _____

Name of School/Organization _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (work) _____ Fax: _____

E-mail: _____ May we put you on our mailing list? __Y__N

MAPHERD Membership: New _____ Renewal _____ Student _____ Retired _____
(membership runs September 1-August 31)

Member of AAHPERD: Yes _____ No _____

Membership Dues: Professional \$25.00 _____ Student/Retired \$ 5.00 _____

Mail membership form and dues to:

Marti Edgmond
926 7th Ave
Laurel, MT 59044